Group Term Life Insurance Portability Enrollment Form

Hartford Life and Accident Insurance Company: Hartford, CT 06115

Applicable Only to Employees Retiring January 1, 2001, and After

Policy Number: 00-0GL-033913 **Policyholder: State of South Carolina Budget and Control Board**

_____ __ _____ _____

Employer Name Employer Group ID # Employer Phone #

EMPLOYEE INFORMATION:

_____ ____ / ____ / ____ __ __ __ - __ __- __ __ __ __

First Name Middle Initial Last Name Date of Birth (Month/Day/Year) Social Security Number

$_____ $_____ (__ __ __) __ __ __ - __ __ __ __

Optional Life Total Coverage I Elect to Port: ($10,000 Increments) Phone Number

_____

Address City State Zip Code

_____ _____

Last Day Worked Active Group Coverage Termination Effective Date

If you left employement due to being disabled attach a copy of the Waiver of Premium Form.

Billing Option: **(Please circle your preference: A $5 administrative fee per billing period is applicable)**

Annual Semi-annual Quarterly

_____

Your Beneficiary: (First Name, Middle Initial, Last Name) Relationship to you

I UNDERSTAND THAT THE INSURANCE FOR WHICH I HAVE APPLIED FOR WILL NOT BECOME EFFECTIVE UNLESS I HAVE FULLY COMPLETED THIS FORM. THIS FORM MUST BE COMPLETE IN ITS ENTIRETY OR IT WILL BE RETURNED TO YOU.

Signature: _____ **Date: _____**

I HAVE ALREADY RECEIVED A PORTION OF MY COVERAGE UNDER THE LIVING BENEFITS OPTION AND UNDERSTAND MY CONTINUATION COVERAGE WILL EQUAL THE REMAINING COVERAGE IN EFFECT

Signature (if applicable): **_____** **Date: _____**

_____

Signature of verification by benefits administrator: _____ Date: _____

This application form is necessary for continuation of the Optional Life coverage under portability. To be eligible for continuation under portability, the employee must be leaving covered employment due to disability retirement or service retirement and must be eligible for retirement at the time the active group Optional Life coverage ends. Under portability provisions, the retiring employee may continue his Optional Life coverage in $10,000 increments up to his active coverage level unless he has already received a portion of his coverage under the Living Benefits Option. Portability premiums are the same as the active employee Optional Life Premiums determined by age and increased in five-year increments until age 75. Coverage will be reduced at age 70 and continued until age 75. A $5 administrative fee will be charged with each billing cycle (annually, semi-annually, or quarterly: refer to billing option above). If the employee elects to continue the Optional Life coverage under portability, he is eligible to continue the coverage until age 75 and to convert his coverage to an individual life insurance at age 75.

This form and/or conversion request form should be completed and filed within 31 days of the coverage termination date.

In lieu of portability, the retiring employee may elect conversion to an Individual Life insurance policy. Conversion is available to employees who lose Optional Life Coverage and dependents who lose Dependent Life Coverage. It is issued without evidence of insurability. Applications for conversion must be filed within 31 days of the coverage termination date. Any amount of coverage (in thousand dollar increments) may be converted up to the benefit amount of the coverage terminated. Conversion brochures and information are available at the employer's benefits office.

Please send completed form to: Hartford Life Insurance Company
Attention: SRL&H Department
PO Box 2999
Hartford, CT 06104-2999

Rev 01/08

Do not send premium now as you will be billed.